

REGISTRATION STATEMENT

Responding IV-D Case No. _____

Initiating IV-D Case No. _____

Responding Docket No. _____

Initiating Docket No. _____

I. Case Summary (Background of this Matter: Court / Administrative Actions)

Date of Support Order

State and County Issuing Order

Tribunal Case No.

Support Amount/Frequency

Date of Last Payment

Amount of Arrears

Period of Computation

\$

\$

_____ thru _____
Date Date

II. Mother Information

Full Name and Aliases
(First, Middle, Last)

☐ Obligor ☐ Obligee

Address (Street, City, State, Zip)

Employer (Name, Street, City, State, Zip)

SSN: _____

III. Father Information

Full Name and Aliases
(First, Middle, Last)

☐ Obligor ☐ Obligee

Address (Street, City, State, Zip)

Employer (Name, Street, City, State, Zip)

SSN: _____

IV. Caretaker (If Not a Parent)

Full Name and Aliases
(First, Middle, Last)

Relationship to Child(ren) _____

Address (Street, City, State, Zip)

SSN: _____

V. Additional Case Information

This order is registered in the following states:

Description and location of any property not exempt from execution:

Other:

VI. Verification / Certification

Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

Date

☐ Party seeking Registration

☐ Records Custodian

Sworn to and Signed Before Me This
Date, County/State

Notary Public, Court/Agency Official and Title

Commission Expires